

RECEIVED

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04/09/2018

NOTICE OF ERROR
REPLY

IDWR / NORTH

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: March 30, 2018

Water right number: 95-12845

BRUCE P GAGE
5715 LINNE RD
PASO ROBLES CA 93446
Telephone Number: (805) 610-6073

KARL A GAGE
5715 LINNE RD
PASO ROBLES CA 93446
Telephone Number: (805) 810-6073

JEFFREY P GAGE
5715 LINNE RD
PASO ROBLES CA 93446
Telephone Number: (805) 610-6073

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

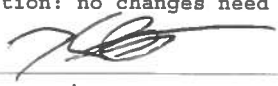
SOURCE INCORRECT - SHOULD BE DOMESTIC WELL
PRIORITY DATE INCORRECT - SHOULD BE 06/1972

2. Describe the changes you wish to make in the proposed recommendation:

POINT OF DIVERSION - SHOULD BE 2 HOMES
SEE ATTACHED SHOULD BE 0.50 ACRES

3. Give a brief explanation as to why you disagree with these portions:

☐ I AGREE with this proposed recommendation: no changes need to be made.

DATE: 3/8/18 SIGNATURE: 
Please print your name: KARL GAGE

IDWR Regional Office, 7600 N MINERAL DR STE 100, COEUR D'ALENE, ID 83815-7763, (208) 762-2800

COPY

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION OF RIGHTS TO
THE USE OF WATER FROM THE COEUR D'ALENE-
SPOKANE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

Ident. Number: 95-12845

Date Received: 7/15/2010

Receipt No: N024958

Received By:

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

JEFFREY P GAGE
5715 LINNE RD
PASO ROBLES CA 93446
KARL A GAGE
5715 LINNE RD
PASO ROBLES CA 93446
BRUCE P GAGE
5715 LINNE RD
PASO ROBLES CA 93446

2. Date of Priority:

~~4/18/1948~~ 6-1972
groundwater

3. Source:

~~WOLF LODGE CREEK~~

Tributary to: COEUR D ALENE LAKE

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
50N	02W	21	NW SW		KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
DOMESTIC - 2 homes	1/1 12/31	0.04	0
IRRIGATION	~~3/15 11/15~~	~~0.07~~	~~0~~

7. Total Quantity Appropriated is:

~~0.07 C.F.S.~~ and/or 0 A.F.A
.04

8. Non-irrigation uses:

Number of Homes: 2	Water Use	Domestic	Type Of Stock	Number Of Stock
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9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
50N	02W	21		58	DOMESTIC	~~2.6~~

Section Acres

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
50N	02W	21	NW SW		IRRIGATION	2.6

Section Acres

Total Acres - ~~2.6~~

0.50

10. Place of use in counties: KOOTENAI

11. Do you own the property listed above as place of use? yes

12. Other Water Rights Used: irrigation - see claim #95-17341

13. Remarks:

Priority date description: The property was being used as our family cabin and recreational property since this date.

Description of use: Water Use

Description

DOMESTIC

Site contains a 2 bedroom mobile home and a 1 bedroom cabin. water is used for domestic toilets, showers, cleaning and clothes washing.

IRRIGATION

14. Basis of Claim: Beneficial Use

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Coeur d'Alene-Spokane River Basin Adjudication." (b.) I/We do not wish to receive and pay a small annual fee for monthly copies of the docket sheet.

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): [Signature] Date: 3/8/18

Date: _____

For Organizations: I do solemnly swear or affirm under penalty or perjury that I am

Title of Organization

That I have signed the foregoing document in the space below as

Title of Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date: _____

Title and Organization _____

Please print name